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Emergency Responders Have Urgent Need for Mental Health Resources New Report Outlines Gaps in Supports and Challenges for Responder Agencies

DENVER, (March 27, 2018) – A first of its kind report focused on the mental health of emergency responders in Colorado shows the mental wellness supports provided to first responders is falling short across the state. At the same time, national data show the stress and trauma responders face daily contributes to an alarming number of suicides within the ranks.

Suicide is recognized nationally as the leading on-the-job killer of emergency responders. Other adverse outcomes from the cumulative and situational pressure, stress and trauma of the job include PTSD, anxiety and depression, substance misuse, divorce and a decreased ability to perform duties.

The report, “Taking Care of Our Own: Mental Health Among Colorado Emergency Responders,” was released today by ResponderStrong™, a grassroots organization of emergency responders who are working together to address mental health within their ranks, and the National Mental Health Innovation Center, which serves as the incubator for ResponderStrong.

The report is based on a survey of leaders from law enforcement – including police, sheriff and state patrol; fire; emergency medical services, and 911 dispatch departments.

“We have seen more than our share of high-profile mass casualty incidents in Colorado,” said Matt Vogl, executive director, National Mental Health Innovation Center. “The leaders of emergency responder departments are telling us the impact of these and the everyday traumas that responders face, take their toll.”

The survey respondents made clear that, as leaders, they want and need help in addressing the mental health needs of their departments.

Three key findings emerged from the data:

1. **Leaders recognize the need for day-to-day mental health supports:** The traditional focus within departments has been to provide support after a critical incident, such as a mass casualty or a responder death. Leaders say these critical incident stress debriefings are important but are not sufficient to address the daily, cumulative trauma and stress inherent in the job.

“When we have a critical incident, counselors have been brought in,” one leader wrote in the survey open comment section. “But there is no local counselor for the daily struggles we have to deal with.”

2. **There are consistent, systemic barriers that limit the use and effectiveness of mental health supports:** Departments continue to struggle with a lack of funding for mental wellness training and support programs. Individual responders often face out-of-pocket costs that preclude ongoing counseling. And, survey responders note that there are few mental health professionals, particularly in rural areas.

“Right now, there is only one mental health provider that we can call on, an hour away,” one survey respondent wrote. “But there is no one local or affordable that has a public safety understanding.”

3. **Cultural barriers are high when it comes to admitting to the need for mental health support:** Responders view themselves as most of the public does: as the rescuer, not the one who needs

rescuing. The emergency responder culture can be unforgiving of any perception of “weakness.” Not surprisingly, stigma remains a barrier to seeking help.

In fact, only 11% of the leaders said that responders feel comfortable discussing their own mental health. And, just 27% believe their personnel would recognize symptoms of mental health problem in themselves.

There is also a cultural barrier that stands between emergency responders and mental health providers, including those who are accessed through employer assistance programs (EAPs), with leaders reporting that providers often lack an understanding of the responder culture and stressors.

“The people at work for the EAPs are not informed enough to help responders with PTSD,” one leader said. “My guys have said they spend more time telling counselors what they do than discussing the events or what they are going through mentally.”

More than half of the emergency response leaders in Colorado took the survey, with responses coming from urban and rural departments in all areas of the state.

The report concludes with a call to action, based on the responses from departmental leaders. Three clear strategies emerged:

1. **Collectively**, agencies can be stronger if they come together to pool supports across departmental and branch lines. Where one agency may lack resources, time or money to adequately support the mental health of its members, a neighboring agency may be able to share its resources.
2. A **comprehensive approach** is needed throughout the career of a responder (and into retirement), with improvements in identifying and effectively treating emotional injuries as the top priority.
3. Embracing **innovation** can expand mental health supports beyond traditional approaches. With time and money scarce, digital technologies can help fill the void with little burden to training schedules or budgets. In addition, accessibility to counseling can be improved via existing and emerging technologies.

“Physical trainings are standard for emergency responders, to minimize injuries or deaths,” said Rhonda Kelly, ResponderStrong program manager and former firefighter and paramedic. “We need a culture that embraces mental health training -- from recruits to veterans – to provide responders with the strategies and tactics to keep them safe from mental injuries.”

The full report is available on our [website](#).

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ABOUT THE NATIONAL MENTAL HEALTH INNOVATION CENTER

The National Mental Health Innovation Center (NMHIC) was established in 2016 with a mission to find, develop and put in to practice big new ideas to prevent, treat and change the way people think about mental illness. As part of the University of Colorado Anschutz Medical Campus, NMHIC has a unique role in connecting academic research, patient treatment and industry innovation to accelerate mental health solutions that have significant impact for patients and entire communities. NMHIC is the incubator for ResponderStrong.

mentalhealthinnovation.org

ABOUT RESPONDERSTRONG™

ResponderStrong is committed to the belief that mental resiliency is vital to the overall performance and wellbeing of emergency responders from recruitment through retirement, as well as to their families, and the communities they serve. In partnership with the National Mental Health Innovation Center, ResponderStrong started in August 2016 and has grown to more than 500 members from Colorado law enforcement, EMS, fire and dispatch, as well as therapists and other experienced support professionals, to lead a social movement addressing responder mental health. www.responderstrong.org